

FOR BOARD USE ONLY  
Amount Submitted \_\_\_\_\_  
Date \_\_\_\_\_  
Receipt # \_\_\_\_\_



FOR BOARD USE ONLY  
Certificate Number \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Applicant No. \_\_\_\_\_

**Georgia State Board of Cosmetology**

237 Coliseum Drive

Macon, GA 31217

478-207-2440

***Request for Verification of Training Hours***

***\$25 Non-refundable Processing Fee Per Request***

☐ **School Hours**

☐ **Apprentice Hours**

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

➤ **School Information**

Name of School: \_\_\_\_\_

Address of School: \_\_\_\_\_

Dates enrolled: \_\_\_\_\_ through \_\_\_\_\_  
(month/year) (month/year)

Student's Name: \_\_\_\_\_  
(Your name when enrolled in the above school.)

➤ **Apprentice Information**

Name of Salon: \_\_\_\_\_

Address of Salon: \_\_\_\_\_

Dates Apprenticeship: \_\_\_\_\_ through \_\_\_\_\_  
(month/year) (month/year)

Apprentice Lic. # \_\_\_\_\_ Apprentice License type: \_\_\_\_\_

Mail hours to: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_